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Country programme document

Togo

Summary

The country programme document (CPD) for Togo is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$29,585,000 from regular resources, subject to the availability of funds, and \$44,554,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2019 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2018.

* E/ICEF/2018/19.

Note: The present document was processed in its entirety by UNICEF.



Programme rationale

1. Togo has made socioeconomic progress in recent years, maintained economic growth of 5 per cent for the last five years, reduced the under-five mortality rate and improved access to education. However, many of the country's children continue to be deprived of their rights owing to challenges arising from poverty and inequality. Although the rate of monetary poverty decreased from 58.7 per cent to 55.1 per cent between 2011 and 2015, 60.4 per cent of children still live in poor families and 84.2 per cent of children aged 0 to 17 years endure at least one deprivation affecting their well-being (nutrition, health, water, sanitation, housing, protection, information or education), particularly in rural areas.
2. With an annual growth rate of 2.4 per cent, the population in 2018 is estimated at 7.4 million, of whom 51.2 per cent are women and 48 per cent are young people under the age of 18 (51 per cent boys, 49 per cent girls).
3. Women and girls face persistent barriers, as reflected in the gender inequality index of 0.558. The maternal mortality ratio remains high, at 401 per 100,000 live births. The prevalence of HIV among young people aged 15 to 24 years is nearly three times higher among women than men (0.8 per cent vs. 0.3 per cent). Sixty per cent of women surveyed cited lack of money as a major obstacle to addressing their health needs. Only 28.3 per cent of girls complete basic education, compared to 51.1 per cent of boys.
4. The under-five mortality rate has declined from 124 per 1,000 live births in 2010 but remains high, at 88 per 1,000 live births, with disparities between rural (106) and urban (69) areas. The main causes of child mortality are malaria (18 per cent), pneumonia (12 per cent), diarrhoea (9 per cent) and neonatal complications (asphyxia, premature birth and septicaemia), compounded by chronic malnutrition (affecting 28 per cent of children under five) and limited access to improved drinking water (48.4 per cent) and basic sanitation (15.2 per cent) in rural areas. Despite the high rate of coverage for the three doses of pentavalent vaccine (89 per cent), only 62 per cent of children are fully immunized. With HIV prevalence estimated at 2.5 per cent among the sexually active population aged 15 to 49 years, about 500 new infections were recorded among adolescents aged 15 to 19 in 2016. That same year, only 26 per cent of the 12,000 children (0 to 14 years) living with HIV were receiving antiretroviral therapy. Bottlenecks in health outcomes include inadequate health-care infrastructures in rural areas, unequal distribution of health-care workers trained in maternal and child health care and limited use of available services.
5. Togo has achieved major progress in improving access to schooling. Between 2011 and 2017, the gross preschool enrolment rate rose from 17.90 per cent to 37.2 per cent, and the net primary school enrolment rate increased from 83.9 per cent to 93.8 per cent (93.6 per cent for girls and 94 per cent for boys). Nevertheless, about 50 per cent of children in a given cohort do not complete the basic cycle (primary and lower secondary education). More than 50 per cent of children in primary school do not demonstrate the required core skills in French and mathematics. Poor children from rural areas are more likely to drop out of school and repeat years. The key barriers to the education of boys and girls are: low priority given to education by parents for both enrolment and retention in school; inadequate infrastructure; lack of suitable teaching materials, and low quality of teaching (linked to teacher training) and management, planning and monitoring at all levels.
6. Key child protection indicators show some positive trends between 2010 and 2017. The rate of children aged 5 to 14 engaged in the worst forms of child labour has declined from 46.7 per cent to 21.7 per cent, the rate of women (20–24 years)

married before age 18 has decreased from 25.2 per cent to 21.8 per cent and the use of violent methods of discipline has declined slightly (from 93.2 per cent to 92.3 per cent) for children aged 2 to 14, but the birth registration rate has remained unchanged (78 per cent). Principal bottlenecks include inadequate financial resources, lack of qualified social workers (notably in rural areas), low community engagement, limited access to information suited to the needs of adolescents and persistence of harmful social norms.

7. About 28 per cent of the national budget was spent on the social sectors in 2016. Health-care funding accounts for 5 per cent of the state budget, despite the objectives of 10 per cent set by the Government in its strategy for accelerated growth and employment and 15 per cent set by the African Union. Staff costs account for most of the expenditures. In parallel, absorption capacities continue to be limited. These factors, combined with the delay in implementing decentralization, are hampering the ability of ministries to provide quality social services to the population, particularly to the most vulnerable people.

8. Children are exposed to risks of disasters, such as floods (destruction of infrastructures, increase in water-borne diseases), epidemics (meningitis and Lassa fever), food insecurity and social conflict with potential population displacement.

9. The importance of a community-based approach and the need for joint programming with partners to improve coverage of basic social services and social protection in rural areas are among the main lessons documented by the impact evaluation of the cash transfer project¹ and the review of community-based interventions.² The latter have been effective in reducing the number of cases of diarrhoea and malaria. The rate of care utilization (fever, diarrhoea) is higher in the Kara (47.5 per cent) and Savane (45 per cent) regions where community-based health workers are more active than in other regions (38.9 per cent nationally). During the last country programme cycle, 2014–2018, the introduction of a package of activities combining unconditional cash transfers and key family practices contributed to an increase in the rate of births in health facilities from 39.36 per cent to 50.25 per cent and a reduced rate of child stunting from 30.35 per cent to 24.23 per cent, and had a positive impact on the registration of children at birth.

10. Between 2014 and 2017, UNICEF established alliances with civil society organizations (CSOs), members of Parliament, traditional chiefs, religious leaders, communities and other donors and partners. These partners recognized the ability of UNICEF to capitalize on pilot strategies, support scaling-up and generate evidence to drive advocacy. As the sector lead for education and social protection and through its involvement in the coordination platforms for other sectors, UNICEF has a comparative advantage to support the country in reducing disparities and protecting the rights of girls, boys and adolescents.

11. The proposed 2019–2023 cooperation programme is aimed at consolidating current achievements while promoting innovation through a series of strategic shifts that include: (a) strengthening equity through the establishment of a social inclusion component; (b) scaling up promising strategies, such as community-based interventions, to manage preventable childhood diseases; and (c) involving the private sector, based on corporate social responsibility, to mobilize resources in favour of the social sectors.

¹ Impact Evaluation and Cost Analysis of the Cash Transfer Program, French National Research Institute for Sustainable Development (IRD), 2017.

² Review of Community Based Interventions CBI-Togo, UNICEF Country Office, January 2017

12. The proposed programme is articulated around the following five interconnected components: (a) child survival; (b) education and development; (c) child protection; (d) social inclusion; and (e) programme effectiveness.

Programme priorities and partnerships

13. The country programme of cooperation is aligned with the National Development Plan, 2018–2022 and the Government's vision of making Togo a sound, stable nation economically, socially and democratically, in accordance with the African Union 2063 Agenda and the 2030 Agenda for Sustainable Development. It aims to support the Government in overcoming the major constraints identified with a view to consolidating social development and strengthening inclusive mechanisms (strategic priority 3 of the National Development Plan). It contributes to two of the outcomes of the United Nations Development Assistance Framework (UNDAF), on rule of law, governance and peace, and on human capital and equitable access to basic social services.

14. In line with the UNICEF Strategic Plan, 2018–2021, the Sustainable Development Goals and the concluding observations of the Committee on the Rights of the Child,³ the programme priorities are: (a) improving vaccination coverage, services to prevent chronic malnutrition, safe management of community sanitation facilities, HIV prevention and treatment services, health-care coverage for mothers, newborns, infants and children and access to safe drinking water; (b) increasing the percentage of children who complete inclusive and quality preschool and basic education; (c) strengthening the capacities of national institutions to provide quality prevention and response services, including birth registration; (d) adopting social practices and norms favourable to child well-being; and (e) reinforcing national social protection systems, and increasing funds for social sectors and the generation, dissemination and use of data. The programme will give special focus to key regional results for children related to immunization, prevention of stunting, quality education, birth registration and ending open defecation. The theory of change is that, if its stated priorities are attained, the programme will make significant progress towards ensuring girls and boys: have access to and use quality health-care, nutrition, HIV and water, hygiene and sanitation (WASH) interventions; complete quality basic education; are better protected from violence, abuse and exploitation, and enjoy greater socioeconomic inclusion.

15. Donors and other development partners were involved at the technical level in all stages of the drafting of the new programme, and thematic bilateral meetings were organized to maximize synergies.

16. The main strategies include: (a) building institutional capacity at national and subnational levels for results-based programming, information management and social budgeting; (b) enhancing existing national systems to ensure better promotion, supply, demand and quality of basic social services; (c) producing and disseminating data on the status of children, including from a gender perspective, to influence policies and domestic resources allocation; (d) fostering communication for behavioural change, community engagement and increased demand for services; (e) developing new partnerships and alliances around the children's agenda and mobilization of additional resources; and (f) supporting South-South cooperation.

³ United Nations Committee on the Rights of the Child (CRC), Consideration of reports submitted by States parties under article 44 of the Convention, Concluding Observations: Togo, 2012, CRC/C/TGO/CO/3-4.

17. The programme will also include actions to mitigate and manage any risk hindering its success. The use of information and communications technologies will help to consolidate the knowledge acquired from the previous programme.

18. The programme will address gender inequalities cross-sectorally, focused on gender equality in education in line with the UNICEF Gender Action Plan, 2018–2021. In implementing the recommendations of the 2017 gender review,⁴ the programme will support the transition of girls from primary to lower secondary education, and the prevention of and response to gender-based violence and adolescent empowerment. It will act to improve the offer (ensure a school environment free from gender-based violence), stimulate the demand (foster community awareness and engagement) and create an enabling environment through policies, strategies, norms and approaches that foster gender equality.

19. At the national level, the programme will address issues related to policy, sectoral governance and coordination, data management and system strengthening. It will implement community-based interventions, early childhood development (ECD) and prevention of gender-based violence in communities (including school-related) through a more extensive multisectoral approach. Areas of intervention will be determined in consultation with the Government, based on social service indicators, accessibility, opportunities for scaling up and the need to consolidate current results to ensure programme sustainability. In line with the new approach and priorities of the Secretary-General of the United Nations,⁵ the programme will act early and effectively to support lasting peace, in particular through life-skills education directed at young people.

20. The **child survival** component aims to improve access to and utilization of high-impact interventions relating to health care, nutrition, HIV, WASH and ECD for girls and boys, in particular the most vulnerable. In cooperation with the Joint United Nations Programme on HIV and AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the World Health Organization (WHO), the World Bank, the European Union, the French Development Agency (AFD), the German Agency for International Cooperation (GIZ), the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Sanitation Fund, it will contribute to:

(a) Improving immunization (plus coverage) through capacity-building at all levels to ensure better geographical coverage for vaccination initiatives combined with micronutrient supplementation and deworming programmes;

(b) Expanding access to and utilization of chronic malnutrition prevention and treatment services by enhancing the multisectoral response to nutritional problems, and supporting greater capacity-building for stakeholders involved in the integrated management of childhood illnesses/nutrition and essential nutrition actions;

(c) Improving access to and use of improved and safely managed sanitation facilities by promoting the ending of open defecation, strengthening systems and building capacities at all levels, creating a market to respond to additional demand, providing suitable services and equipment, and ensuring equitable access to WASH in health-care facilities and schools, including menstrual hygiene management;

⁴ Gender Review of the Country Program 2014-2018, UNICEF Country Office, November 2017.

⁵ Informal meeting of the General Assembly to hear a briefing by the Secretary-General on his priorities for 2018 (www.unmultimedia.org/avlibrary/asset/2075/2075980/).

(d) Accelerating the elimination of mother-to-child transmission of HIV and fast-tracking testing and treatment of HIV among children and adolescents by decentralizing and integrating services, and scaling up gender-based responsive HIV prevention services for adolescents;

(e) Improving health-care coverage for mothers, newborns, infants and children by scaling up the integrated community package encompassing key family practices and the promotion of child development, and enhancing facility-based services;

(f) Ensuring safe, equitable access of communities to drinking water, improving household water safety, and promoting sustainable management and maintenance by communities.

21. The programme will strengthen governance of the health system by consolidating legal and institutional intervention frameworks, integrating services, facilitating multisectoral coordination, advocating for greater resources and universal health-care coverage, improving the information system, and promoting social accountability and community leadership through the Child Friendly Communities Initiative and real-time monitoring. Partnership with the media, CSOs, community health workers and communities will be strengthened by promoting key family practices and by addressing gender inequalities.

22. The **education and development** component will pursue the objective of enabling all children to complete inclusive, quality preschool and basic education. To achieve this, the programme will seek, in synergy with its key partners (Aide et Action International, AFD, Handicap International, the Togolese National Coalition for Education for All, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank), to:

(a) Make management of the education system more efficient and equitable by encouraging the production, dissemination and effective use of data and by supporting technical capacity-building for the establishment of high-performing, equity-based tools and systems for planning, monitoring and evaluation;

(b) Increase equitable access to inclusive, quality preschool and basic (primary and lower secondary) education and effective use of educational services in targeted areas with low school enrolment rates; stimulate demand (for enrolment and retention) through local communications that target parents and communities and foster participatory governance of school establishments; improve the offer of preschool centres in selected geographic areas where the child-friendly schools model is implemented; revitalize and build capacity of parent associations; expand the school development plans approach; train teaching staff; promote systems to prevent and address school-related violence (including gender-based violence); expand usage of life skills, remediation mechanisms and the development of non-formal education in rural areas;

(c) Improve the quality of education to foster effective acquisition of suitable knowledge and skills by building capacity, upgrading teaching equipment and tools, and enhancing the effectiveness and efficiency of pedagogical supervision and support.

23. The **child protection** component will support the strengthening and operationalization of an integrated child protection system. In coordination with its principal partners (the Cooperation and Cultural Action Department of the French Embassy, the United Nations Development Programme (UNDP), the European Union, UNFPA, the Office of the United Nations High Commissioner on Refugees

(UNHCR), Plan International and the World Bank) and led by the Ministry of Social Action, it will:

(a) Support the strengthening of national institutions to ensure effective protection for girls and boys, with priority given to supporting the adoption and implementation of the national child welfare policy, reorganizing social work to ensure the identification and management of protection cases, and building capacities and skills for planning, budgeting and coordination of a systemic response, data collection and analysis;

(b) Increase equitable access for boys and girls at risk and/or victims of abuse, violence and exploitation, including child marriage, to quality prevention and response services, building on multisectoral synergies and cooperation to provide a continuum of care services, and establishing standard operational procedures that will strengthen coordination and case management;

(c) Promote the systematic registration of children at birth by supporting quality services in civil registration centres and their effective use by the population, with health-care services acting as the first point of contact;

(d) Foster the adoption of social practices and norms favourable to child well-being by strengthening family and community commitments against child violence, abuse and exploitation, while ensuring the required complementarity with existing formal child protection mechanisms.

24. The **social inclusion** component will consolidate the achievements of the previous programme in the areas of social protection and public finance for children. In conjunction with its key partners, in particular the European Union, the International Labour Organization (ILO), the International Monetary Fund, UNDP and the World Bank, it will contribute to:

(a) Strengthening the national social protection system by consolidating the partnership framework, and promoting political dialogue and institutional strengthening to make social protection initiatives child-friendly;

(b) Creating the conditions to increase funding for social sectors through evidence-based advocacy and capacity-building for social ministries so that they can be included in public finance reforms, and by exploring the potential role of the private sector in funding social sectors;

(c) Supporting the generation, dissemination and use of data on poverty and deprivations affecting girls and boys, including the participation of adolescents, women and CSOs in civic engagement and accountability initiatives and in the design of public policies.

25. The cross-cutting **programme effectiveness** component will ensure that the country programme is conceived and implemented effectively, while improving cohesion, accountability and synergies within and between the different programme components, including in emergency settings. It will strengthen coordination with the Ministry of Planning to further improve programme effectiveness. The programme will pay particular attention to disseminating evidence and monitoring indicators for key regional results for children and gender priorities. Through its communication and advocacy activities, UNICEF will continue to raise public awareness of the importance of child-focused equitable investments and create opportunities to support the objectives of the country programme. Communication for development will support the creation of partnerships for social change and the promotion of positive social norms for the survival and well-being of children, together with support for communication

coordination mechanisms and capacity-building. UNICEF will strengthen the emergency preparedness and response capacity of national partners.

26. UNICEF will work with UNDP, UNFPA and UN-Women to operationalize the common chapter of the Strategic Plan, 2018–2022, with particular focus on maternal, infant and child and adolescent health, including through the Muskoka Initiative on Maternal, Newborn and Child Health funded by the Government of France, and in collaboration with WHO, as appropriate. The United Nations country team will continue to support the national statistical system and implement the recommendations of the universal periodic review.

Summary budget table

Programme component	(In thousands of United States dollars)		
	Regular resources	Other resources	Total
Child survival	9 763	29 614	39 377
Education and development	6 509	12 095	18 604
Child protection	5 067	1 405	6 472
Social inclusion	4 167	315	4 482
Programme effectiveness	4 079	1 125	5 204
Total	29 585	44 554	74 139

Programme and risk management

27. The major risks that can undermine the achievement of expected outcomes are: the country's socio-political instability; natural disasters, particularly floods, and epidemics; insufficient national resources and inadequate investments in social sectors; under-resourced planning, monitoring and evaluation systems, including to determine the impact of the programme; and inadequacy of financial and human resources for basic social services at decentralized and community levels.

28. To mitigate these risks, UNICEF will conduct an analysis of the budgetary space in favour of social sectors, focused on improving the quality of public expenditure and evidence-based advocacy to increase allocations to the social sectors. Based on the country office's plan for resource mobilization and promotion of corporate social responsibility, UNICEF will establish partnerships with the private sector and new alliances for children. It will strengthen capacity-building for national counterparts and CSOs on the harmonized approach to cash transfers, results-based management and social accountability. The enterprise risk management plan, the office emergency preparedness and response plan and the United Nations system contingency plan will be updated regularly. The monitoring systems will include trigger factors for emergency interventions in all areas of the programme, and UNICEF will support enhancement of early warning and community-based resilience mechanisms.

29. As a member of the country team monitoring and evaluation committees, UNICEF will monitor progresses with a view to obtaining common results; it will document the lessons learned and good practices and provide appropriate analyses and recommendations.

30. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and for resources assigned to the programme at country level. The accountability of managers at the country, regional and headquarters levels with respect to country programmes is prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

31. In coordination with the United Nations country team, UNICEF will continue to support the National Institute of Statistics and Economic and Demographic Studies so that it can: (a) produce evidence (household surveys, analysis of the situation of children, studies) to evaluate the progress of the country programme, the National Development Plan and the UNDAF towards the Sustainable Development Goals, and suggest corrective actions; (b) build capacity at national level to generate knowledge of the situation of children and women, using the Monitoring Results for Equity System; (c) support routine data collection, strengthen national information systems, and monitor outputs at decentralized level with a focus on real-time monitoring system and analysis of barriers/bottlenecks; and (d) measure the effectiveness of the programme by conducting evaluations of the Child Friendly Community Initiative, the Muskoka Initiative (focused on maternal, neonatal, infant and adolescent health care and on gender-based violence), implementation of participatory governance as part of the child-friendly schools model, implementation of the child protection system reform, an overall evaluation of the country programme, and a joint evaluation of the UNDAF, 2019–2023 with UNDP and UN-Women.

Annex

Results and resources framework

Togo – UNICEF country programme of cooperation, 2019–2023

Convention on the Rights of the Child: Articles 3, 6, 7, 8, 9, 12, 13, 14, 16, 17, 18, 19, 20, 21, 23, 24, 26, 27, 28, 29, 31, 32, 34, 36, 37 and 40.
National priorities: Sustainable Development Goals 1, 2, 3, 4, 5, 6, 8, 10, 11, 13, 16 and 17; National Development Plan Strategic Priority 3
UNDAF outcomes involving UNICEF: 1. The Togolese population lives in a peaceful and democratic society, respectful of fundamental rights and guaranteeing equal access to quality public services and justice thanks to: (a) modern, effective and accountable public institutions and administration; (b) dynamic and viable local councils; (c) transparent and inclusive electoral procedures; and (d) operational and credible conflict management mechanisms with increasing involvement of women, young people, children and persons with disabilities. 2. The Togolese population, and in particular children, women, adolescents, persons with disabilities, the elderly, the poor and vulnerable groups, have greater and equitable access to social protection and quality basic social services, notably education, health care, water, hygiene and sanitation. 4. Vulnerable populations, and in particular women and children, have greater resilience to climate change and the risks of disasters, and have equitable access to a decent standard of living and to sustainable natural and energy resources. Outcome indicators measuring change that includes UNICEF contribution: Under preparation.
Related UNICEF Strategic Plan, 2018–2021 goal areas: 1–5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)
1. By 2023, girls and boys, in particular the more vulnerable, have access to and utilize high-impact interventions in the areas of health care, nutrition, HIV treatment, WASH and ECD, from conception to adolescence.	Number of districts with at least 80% coverage of measles-containing vaccine for children < 1 year. B: 31 (2016) T: 42 (95%) Percentage of infants aged 0 to 5 months who are exclusively fed with breast milk. B: 58% T: 65% Number of girls and boys receiving two annual doses of vitamin A.	Joint reporting framework Demographic and Health Survey (DHS)/multiple indicator cluster survey (MICS) DHS/MICS/Nutridash	1.1. Girls and boys benefit from adequate and equitable vaccination coverage. 1.1. Children have better access to chronic malnutrition prevention services. 1.3. Children and families live in communities free of open defecation. 1.4. Children and adolescents have better access to HIV	Ministry of Health and Social Protection; Primary, Secondary and Vocational Education; Social Action, Women's Empowerment and Literacy; Trade and Promotion of the Private Sector; Water, Sanitation and Village Hydraulics; Grassroots Development,	RR 9 763 OR 29 614 Total 39 377

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
2. By the end of 2023, school-age children complete inclusive and quality preschool and basic education, enabling them to acquire required knowledge and skills.	B: 95,000 T: 1,113,501		prevention and treatment services.	Handicrafts, Youth and Youth Employment; Development Planning; Environment and Forest Resources; Territorial Administration, Decentralization and Local Authorities; Economy and Finance.			
	Proportion and number of the population practising open defecation. B: 51% (3,694,166) T: 32% (1,650,200)	Joint monitoring programme (JMP)	1.5. Mothers, newborns and children have better access to high-impact interventions, including pre and post-natal care, integrated treatment for childhood diseases and newborn illnesses and care for acute malnutrition.				
	Proportion of the population using a safely managed drinking water service at community level. B: TBD T: 75%	JMP	1.6. Children and mothers have equitable and sustainable access to safe drinking water.	United Nations system (WHO, UNFPA, UNAIDS, GIZ, UNDP), donors (World Bank, European Union), CSOs, private sector.			
	Percentage of boys and girls (aged 0 to 14) living with HIV that are receiving antiretroviral treatment. B: 26% T: 90%	UNAIDS report					
	Gross enrolment ratio in pre-primary education (girls and boys). B (2017): 37.2% (Girls 40.6%; Boys 34.2%) T: 50% (Girls 51%; Boys 49%)	Education Management Information System (EMIS)	2.1. The piloting of the educational system is more efficient and equitable, providing all children (girls and boys, including children with disabilities and vulnerable children) with access to adequate, inclusive and quality education.	Ministry of: Primary, Secondary and Vocational Education; Social Action, Women's Empowerment and Literacy.	6,509	12,095	18,604
	Primary education completion rate (Girls/Boys). B: (2017): 93.6% (Girls 92.6%; Boys 94.6%) T: 97% (Girls 97%; Boys 97%)	EMIS	2.2. The proportion of girls and boys in the areas of intervention with access to inclusive and quality preschool education is increased.	United Nations system, donors and partners, CSOs, private sector.			
	Transition rate between primary and lower secondary education (Girls/Boys). B (2017): 72.5% (Girls 70%; Boys 74.8%)	EMIS	2.3. The proportion of girls and boys (including children with disabilities and vulnerable children) who complete inclusive and quality formal or				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
3. By the end of 2023, children, girls and boys, are sufficiently protected against all forms of violence, abuse and exploitation, including violent methods of discipline and child marriage, through a coherent and functional system.	T: 80% (Girls 79%; Boys 81%) Lower secondary completion rate* (Girls/Boys). B (2017): 50% (Girls 42.7%; Boys 56.8%) T: 58% (Girls 52%; Boys 62%)	EMIS	non-formal primary education and transit to lower secondary education is increased in areas of interventions. 2.4. Children (girls and boys) attending school benefit from better quality education that facilitates the effective and sufficient acquisition of suitable skills and knowledge.				
	Average success rate in the core disciplines. B (2017): French 35.9% (Girls 33%; Boys 36.9%) Mathematics 76.1% (Girls 73.7%; Boys 77.5%) Target: French 45% Mathematics 80%	EMIS					
	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services and education. B (2017): 1,323 (439 Boys and 884 Girls) T: 6,000 (parity of Girls and Boys) Children suspected or accused of a crime and child victims of crime who benefited from legal aid and legal representation during the year. B (2017): 358 (323 Boys; 35 Girls) T: 400/year Percentage of children under the age of one whose births are registered.	Reports of the Ministry of Social Action, Women's Empowerment and Literacy MICS, DHS	3.1. Concerned national institutions have the competences and capacities to plan, budget and coordinate a systemic response for effective protection of girls and boys against violence. 3.2. Girls and boys at risk or the victims of violence, abuse, exploitation and child marriage in targeted areas have equitable access to quality prevention and protection services. 3.3. At least 86% of children in the target regions are registered at birth. 3.4. Families and communities are committed against violence to children and adopt practices	Ministry of: Social Action, Women's Empowerment and Literacy; Justice and Relations with the Institutions of the Republic and Human Rights; Security and Civil Protection; Health and Social Protection; Territorial Administration, Decentralization and Local Authorities; Grassroots Development, Handicrafts, Youth and Youth Employment; and Primary, Secondary	5 067	1 405	6 472

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs that promote children's well-being	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
4. By the end of 2023, children, girls and boys, and women, in particular those living in poor families, have equitable access to basic social services, notably social protection.	B: 72% T: 86%	Report of the Ministry of Social Action, Women's Empowerment and Literacy		United Nations system, donors and partners, National Child Rights Committee, CSOs, private sector.			
	Number of adolescent girls receiving prevention and care interventions to address child marriage. B (2017): 430 T: 3,000	Core welfare indicators questionnaire survey, Harmonized survey on the living conditions of households	4.1. Social protection structures are better equipped for the development, coordination and management of social protection mechanisms focusing on equity and sensitive to the needs of the most disadvantaged children.	Ministry of Finance and other ministries concerned, National Committee for the Promotion of Social Protection, National Institute of Statistics and Economic and Demographic Studies.	4 167	315	4 482
	Number of children aged 0 to 17 suffering from at least one deprivation in the various aspects of their well-being, i.e., nutrition, health care, water, sanitation, housing, protection, information, education. B: 2,961,617 T: 2,772,336	Multiple Overlapping Deprivation Analysis	4.2. The bodies responsible for the social sectors, planning and finance have greater capacity to enhance mobilization and efficient management of resources, planning and budgeting so that they are more equitable and sensitive to the priority needs of children and women.	United Nations system, donors and partners, CSOs, private sector.			
	Percentage of the state budget spent on the social sectors. B: 28% T: 38%	Analysis of the state budget, integrated public finance management system	4.3. The statistical bodies have the necessary technical capacity to use data relating to child poverty in the public policy drafting processes.				
	Number of girls and boys covered by social protection systems. B: 118,527 (data 2017) T: 648,000	Activity reports of the Ministry of Social Action; Promotion of Women and Literacy; Health and Social Protection. National Committee for the Promotion of Social Protection.					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
5. By the end of 2023, the country programme will be effectively conceived, coordinated and executed and will receive adequate support to respond to quality programming standards and obtain the best outcomes for children (boys and girls).	Percentage of programme management and priority indicators that reach target key performance indicator values. B (2017): 94% T: 100% Percentage of completed evaluations rated "satisfactory" or "highly satisfactory" by an independent external review. B: 74% T: 80% Percentage of media coverage that includes key UNICEF messages in the context of country priorities: • key programmatic and advocacy messages; • key organizational messages; • key brand messages. B: 0 T: 30%	Cash transfer system and school canteens. MICS Reports on annual reviews, Result assessment module, UNICEF performance management system (INSIGHT) Evaluation reports, evaluation database, MICS, Global Evaluation Reports Oversight System INSIGHT Media monitoring report	5.1. UNICEF staff and partners receive the advice, tools and resources required to design and manage programmes effectively. 5.2. UNICEF staff and implementation partners have the appropriate tools, guidelines and resources to design, plan and monitor effectively the implementation of the programme, even in emergency settings. 5.3. UNICEF staff and partners have adequate tools, advice and resources for advocacy and effective partnerships with stakeholders on issues relating to the rights of the child. 5.4. Cross-cutting support is provided to all components of the country programme (gender, communication for development, innovation, etc.) to guarantee greater integration of the programme as a whole.	Ministry of Development Planning, United Nations system, donors and partners, CSOs.	4 079	1 125	5 204
Total resources					29 585	44 554	74 139